



CNL Grant Application

Date of Application: _____

PART I: ORGANIZATION INFORMATION

Organization Name: _____

501(c)(3): YES NO

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Fax: _____

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____

Website URL: _____

Grant Type: Program Specific Operating Support Capital

\$ Amount Requested: _____

How are the funds to be used?: _____

Geographic area to be served: _____

PART II: REQUIRED INFORMATION

As a separate attachment, please include the following information with this application:

- _____ Your organization's mission
- _____ A description of the proposal project
- _____ A listing of officers and board members, including their affiliations
- _____ A list of your organization's objectives for the current fiscal year
- _____ A summary of last year's major accomplishments

_____ For a *program grant*, itemize program revenues and expenses: specify a program timeline and indicate plans for future funding

PART III: REQUIRED ATTACHEMENTS

As a separate attachment, please include the following information with this application:

- _____ Your organization’s operating budget for the current budget year
- _____ List of corporate/foundation donors (including grant amounts)
- _____ Most recent audited financial statement
- _____ A copy of the Internal Revenue Service ruling granting tax exemption under Section 501(c)(3) and 509(a) of the Internal Revenue Code
- _____ Your most recent Form 990 (including Schedule A)

PART IV: FINANCIAL INFORMATION

Annual Revenues (last budget year)	\$	_____
Annual Expenses (last budget year)	\$	_____
Primary Revenue Sources: (last budget year)		
Government:	\$	_____
United Way:	\$	_____
Corporations:	\$	_____
Foundations:	\$	_____
Earned (sales/fees):	\$	_____
Other:	\$	_____

I certify to the best of my knowledge that all of the information provided is true and complete, and that the tax-exempt status of my organization is still in effect.

Signature	Printed Name & Title	Date
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Applications are accepted and reviewed on an on-going basis. Notifications will be made by phone and/or mail. Telephone solicitations are not accepted. Please, no follow-up calls.

Two copies of this completed form and required attachments should be sent to:
CNL, Charitable Grants Manager, P.O. Box 4920, Orlando, FL 32802-4920